

APPLICATION FOR FOOD ESTABLISHMENT PERMIT
(Please type or print in blue or black ink)

(OFFICIAL USE ONLY)
PERMIT NO.

ESTABLISHMENT NAME (dba)

EXPIRATION DATE

ESTABLISHMENT LOCATION ADDRESS

TAX MAP KEY

STREET: _____

ZONE

SECTION

PLAT

PARCEL

CITY: _____

ZIP CODE: _____

OWNER NAME (Corp., LLC, Partnership, Sole Owner, Other)

EST. PHONE #

OTHER PHONE #

MAILING ADDRESS (If different from establishment location address)

ATTN OR C/O: _____

STREET: _____

CITY: _____

STATE: _____

ZIP CODE: _____

E-MAIL ADDRESS (Optional)

I UNDERSTAND THAT THE ISSUANCE OF THE FOOD ESTABLISHMENT PERMIT IS CONTINGENT UPON COMPLIANCE WITH THE REQUIREMENTS OF HAWAII ADMINISTRATIVE RULES, TITLE 11, CHAPTER 12, "FOOD ESTABLISHMENT SANITATION," AND AFTER ISSUANCE, THE PERMIT MAY BE SUSPENDED OR REVOKED FOR FAILURE TO COMPLY WITH THE PROVISIONS OF THIS CHAPTER.

DATE

SIGNATURE OF OWNER/AGENT

PHONE # OF OWNER/AGENT

PRINT NAME

TITLE

(OFFICIAL USE ONLY) FEE AMOUNT: _____
(Non-Refundable)

Make check payable to: STATE OF HAWAII (BANK ACCOUNT NAME AND ADDRESS MUST BE ON CHECK)

**Submit completed application and fee to: STATE DEPARTMENT OF HEALTH
MOLOKAI HEALTH OFFICE
P.O. BOX 2007
KAUNAKAKAI, HAWAII 96748**

THERE WILL BE A SERVICE FEE OF \$25.00 FOR ANY CHECK DISHONORED BY THE BANK.

SECTION BELOW FOR OFFICIAL DEPARTMENT OF HEALTH USE ONLY

Sandistrict	Est Type	Last Regular Inspection Date	Inactive Date: _____	By: _____	SU _____
			Reason: _____		
CIRCLE ONE: New Renewal Transfer of Ownership Est. Name Change Operations Change Mobile Food Est. Commissary Change					
CIRCLE APPLICABLE OPERATIONS:					
1) RECEIVING	3) HOT STORAGE	5) TRANSPORTATION	7) REHEATING		
2) COLD STORAGE	4) THERMAL PROCESSING	6) COOLING	8) DISPLAY		
Fee Paid	Date Paid	Method of Payment	Receipt No.	Received By	
APPROVED BY:					
_____ Date		_____ Signature of Agent/Dept. of Health		_____ R.S. Lic. No.	
DATE PERMIT MAILED: _____			CHECKED: SU _____	DI _____	